

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED  
05 OCT 26 PM 1:32  
CLARKE COUNTY  
BOARD OF ELECTIONS

Full Name of Committee <b>Committee To Elect Judge Maynard</b>						Registration Number, if PAC			
Full Name of Candidate <b>William Dwayne Maynard</b>									
Street Address <b>7903 Wiltshire Court</b>						Office Sought <b>Municipal Judge</b>		District	
City <b>Dublin</b>						State <b>O H</b>		Zip Code <b>43016</b>	
Type of Report (place X to the left of report type)		Pre-Primary		Post-Primary	<b>X</b>	Pre-General		Post-General	Annual Year
		July		August		September		Termination	Semiannual
		Monthly		Monthly		Monthly			
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		M <b>1 1</b>		D <b>0 8</b>	
						Y <b>0 5</b>			

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 3,538.00
2. Total monetary contributions (From Form No. 31-A)	\$ 27,022.00
3. Total other income (From Form No. 31-A-2)	\$ 1,271.19
4. Total funds available (sum of lines 1, 2, 3)	\$ 31,831.19
5. Total monetary expenditures (From Form No. 31-B)	\$ 10,616.09
6. Balance on hand (line 4 minus line 5)	\$ 21,215.10
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$ 0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 1,250.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 68.48
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$ 0.00
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

**Wiley E. Bates, Jr. - Treasurer**

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution  
pages 9

Expenditure  
pages 5

Other  
pages 22

Total  
pages 36

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Committee To Elect Judge Maynard</b>									
To Whom Paid <b>MLK Breakfast Committee</b>						M	D	Y	Amount
						0	1	1	0
Address <b>867 Mt. Vernon Avenue</b>						Purpose <b>Breakfast Table</b>			
City <b>Columbus</b>		State <b>O</b>		Zip Code <b>H 43203</b>		Check Number <b>1008</b>			
To Whom Paid <b>City of Dublin</b>						M	D	Y	Amount
						0	2	2	8
Address <b>5620 Post Road</b>						Purpose <b>Parade Entry Fee</b>			
City <b>Dublin</b>		State <b>O</b>		Zip Code <b>H 43017</b>		Check Number <b>1009</b>			
To Whom Paid <b>Nu Breed Endeavors</b>						M	D	Y	Amount
						0	3	0	9
Address <b>487 Georgesville Rd</b>						Purpose <b>Invitations/ Envelopes</b>			
City <b>Columbus</b>		State <b>O</b>		Zip Code <b>H 43228</b>		Check Number <b>1010</b>			
To Whom Paid <b>Nu Breed Endeavors</b>						M	D	Y	Amount
						0	3	1	8
Address <b>487 Georgesville Rd</b>						Purpose <b>Reprint Invitations/ Envelopes</b>			
City <b>Columbus</b>		State <b>O</b>		Zip Code <b>H 43228</b>		Check Number <b>1011</b>			
To Whom Paid <b>Mark Hatcher</b>						M	D	Y	Amount
						0	3	2	8
Address <b>2147 Marfa Rd</b>						Purpose <b>Reimbursement of Copy Expenses</b>			
City <b>Columbus</b>		State <b>O</b>		Zip Code <b>H 43229</b>		Check Number <b>1012</b>			
To Whom Paid <b>Adventures In Advertising</b>						M	D	Y	Amount
						0	3	2	8
Address <b>7683 Wild Mint Court</b>						Purpose <b>Campaign Literature</b>			
City <b>Westerville</b>		State <b>O</b>		Zip Code <b>H 43082</b>		Check Number <b>1013</b>			
To Whom Paid <b>Aladdin Shrine</b>						M	D	Y	Amount
						0	4	0	6
Address <b>3850 Stelzer Road</b>						Purpose <b>Banner</b>			
City <b>Columbus</b>		State <b>O</b>		Zip Code <b>H 43219</b>		Check Number <b>1015</b>			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City		State		Zip Code		Check Number			

## Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Committee To Elect Judge Maynard</b>									
To Whom Paid <b>Mark Hatcher</b>						M 0   6	D 1   6	Y 0   5	Amount 110.97
Address <b>2147 Marfa Road</b>			Purpose <b>Campaign Magnets</b>						
City <b>Columbus</b>			State O   H		Zip Code <b>43229</b>		Check Number <b>1016</b>		
To Whom Paid <b>Red White &amp; Boom</b>						M 0   6	D 1   6	Y 0   5	Amount 400.00
Address <b>929 Harrison Ave Suite 202</b>			Purpose <b>Parade Permit</b>						
City <b>Columbus</b>			State O   H		Zip Code		Check Number <b>1017</b>		
To Whom Paid <b>W. A. B. A.</b>						M 0   6	D 1   6	Y 0   5	Amount 50.00
Address <b>5100 W. Broad</b>			Purpose <b>Westland Parade</b>						
City <b>Columbus</b>			State O   H		Zip Code <b>43228</b>		Check Number <b>1018</b>		
To Whom Paid <b>M.E.B.A</b>						M 0   6	D 1   6	Y 0   5	Amount 50.00
Address <b>P.O. Box 248</b>			Purpose <b>Parade Permit</b>						
City <b>Groveport</b>			State O   H		Zip Code <b>43125</b>		Check Number <b>1019</b>		
To Whom Paid <b>Gahanna Lion's Club</b>						M 0   6	D 1   6	Y 0   5	Amount 25.00
Address <b>415 Emory Street</b>			Purpose <b>Parade Permit</b>						
City <b>Gahanna</b>			State O   H		Zip Code <b>43230</b>		Check Number <b>1020</b>		
To Whom Paid <b>Adventures In Advertising</b>						M 0   6	D 2   2	Y 0   5	Amount 550.92
Address <b>7683 Wildmint Court</b>			Purpose <b>Tee Shirts</b>						
City <b>Westerville</b>			State O   H		Zip Code <b>43082</b>		Check Number <b>1021</b>		
To Whom Paid <b>Rotary Club of Westerville</b>						M 0   6	D 2   7	Y 0   5	Amount 50.00
Address <b>P.O. Box 595</b>			Purpose <b>Parade Permit</b>						
City <b>Westerville</b>			State O   H		Zip Code <b>43082</b>		Check Number <b>1022</b>		
To Whom Paid <b>Redi Quik Signs</b>						M 0   6	D 2   8	Y 0   5	Amount 246.60
Address <b>226 E. State Street</b>			Purpose <b>Magnets and Parade Signs</b>						
City <b>Columbus</b>			State O   H		Zip Code <b>43215</b>		Check Number <b>1023</b>		

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Committee To Elect Judge Maynard</b>									
To Whom Paid <b>Nu Breed Endeavors</b>						M	D	Y	Amount
						0	7	2	245.00
Address <b>487 Georgesville Rd</b>			Purpose <b>Football Schedules</b>						
City <b>Columbus</b>			State <b>O</b>	H	Zip Code <b>43228</b>	Check Number <b>1024</b>			
To Whom Paid <b>Nu Breed Endeavors</b>						M	D	Y	Amount
						0	8	1	225.00
Address <b>487 Georgesville Rd</b>			Purpose <b>Football Schedules Reprint</b>						
City <b>Columbus</b>			State <b>O</b>	H	Zip Code <b>43228</b>	Check Number <b>1025</b>			
To Whom Paid <b>Canal Winchester Labor Festival Committee</b>						M	D	Y	Amount
						0	8	1	45.00
Address <b>P.O. Box 574</b>			Purpose <b>Parade Permit</b>						
City <b>Canal Winchester</b>			State <b>O</b>	H	Zip Code <b>43110</b>	Check Number <b>2001</b>			
To Whom Paid <b>Grove City Area Chamber of Commerce</b>						M	D	Y	Amount
						0	8	1	100.00
Address <b>4069 Broadway</b>			Purpose <b>Parade Permit</b>						
City <b>Grove City</b>			State <b>O</b>	H	Zip Code <b>43123</b>	Check Number <b>2002</b>			
To Whom Paid <b>Reynoldsburg Tomato Festival Inc</b>						M	D	Y	Amount
						0	8	1	50.00
Address <b>P.O. Box 599</b>			Purpose <b>Reimbursement of Copy Expenses</b>						
City <b>Reynoldsburg</b>			State <b>O</b>	H	Zip Code <b>43068</b>	Check Number <b>2003</b>			
To Whom Paid <b>Adventures In Advertising</b>						M	D	Y	Amount
						0	8	2	355.88
Address <b>7683 Wild Mint Court</b>			Purpose <b>Campaign Literature</b>						
City <b>Westerville</b>			State <b>O</b>	H	Zip Code <b>43082</b>	Check Number <b>2004</b>			
To Whom Paid <b>Communicatins Counsel Inc</b>						M	D	Y	Amount
						0	9	2	1,650.00
Address <b>37 W. Broad Street Suite 325</b>			Purpose <b>Advertising</b>						
City <b>Columbus</b>			State <b>O</b>	H	Zip Code <b>43215</b>	Check Number <b>2005</b>			
To Whom Paid <b>Glenn Photography</b>						M	D	Y	Amount
						0	9	2	75.00
Address <b>1049 Kelton Avenue</b>			Purpose <b>Photographs</b>						
City <b>Columbus</b>			State <b>O</b>	H	Zip Code <b>43206</b>	Check Number <b>2006</b>			

Page Total \$ 2,745.88

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Committee To Elect Judge Maynard</b>												
To Whom Paid <b>Buckeye Printing &amp; Mailing</b>						M	D	Y	Amount			
						0	9	3	0	0	5	3,300.00
Address <b>217 North Grant Avenue</b>				Purpose <b>Posters</b>								
City <b>Columbus</b>		State <b>O</b>   <b>H</b>		Zip Code <b>43215</b>		Check Number <b>2007</b>						
To Whom Paid <b>St. Stephens Community House</b>						M	D	Y	Amount			
						0	9	3	0	0	5	100.00
Address <b>1600 E. 17th Avenue</b>				Purpose <b>Parade Permit</b>								
City <b>Columbus</b>		State <b>O</b>   <b>H</b>		Zip Code <b>43219</b>		Check Number <b>2008</b>						
To Whom Paid <b>Communications Counsel Inc</b>						M	D	Y	Amount			
						1	0	1	0	0	5	1,150.00
Address <b>37 W. Broad Street Suite 325</b>				Purpose <b>Political Consulting</b>								
City <b>Columbus</b>		State <b>O</b>   <b>H</b>		Zip Code <b>43215</b>		Check Number <b>2009</b>						
To Whom Paid <b>Bank One</b>						M	D	Y	Amount			
						0	2	2	8	0	5	20.48
Address				Purpose <b>Service Fees</b>								
City <b>Columbus</b>		State <b>O</b>   <b>H</b>		Zip Code		Check Number						
To Whom Paid <b>Bank One</b>						M	D	Y	Amount			
						0	3	3	1	0	5	17.16
Address				Purpose <b>Service Fees</b>								
City <b>Columbus</b>		State <b>O</b>   <b>H</b>		Zip Code		Check Number						
To Whom Paid <b>Bank One</b>						M	D	Y	Amount			
						0	4	2	9	0	5	11.42
Address				Purpose <b>Service Fees</b>								
City <b>Columbus</b>		State <b>O</b>   <b>H</b>		Zip Code		Check Number						
To Whom Paid <b>Bank One</b>						M	D	Y	Amount			
						0	5	3	1	0	5	10.64
Address				Purpose <b>Service Fees</b>								
City <b>Columbus</b>		State <b>O</b>   <b>H</b>		Zip Code		Check Number						
To Whom Paid <b>Bank One</b>						M	D	Y	Amount			
						0	6	3	0	0	5	11.42
Address				Purpose <b>Service Fees</b>								
City <b>Columbus</b>		State <b>O</b>   <b>H</b>		Zip Code		Check Number						

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Committee To Elect Judge Maynard</b>									
To Whom Paid <b>Bank One</b>						M	D	Y	Amount
						0	7	2	9
						0	5		11.94
Address				Purpose <b>Service Fees</b>					
City <b>Columbus</b>				State <b>O</b>	H	Zip Code		Check Number	
To Whom Paid <b>Bank One</b>						M	D	Y	Amount
						0	8	3	1
						0	5		45.72
Address				Purpose <b>Service Fees</b>					
City <b>Columbus</b>				State <b>O</b>	H	Zip Code		Check Number	
To Whom Paid <b>Bank One</b>						M	D	Y	Amount
						0	9	3	0
						0	5		19.66
Address				Purpose <b>Service Fees</b>					
City <b>Columbus</b>				State <b>O</b>	H	Zip Code		Check Number	
To Whom Paid <b>Expenditures from Form 31-F</b>						M	D	Y	Amount
									470.30
Address				Purpose					
City				State		Zip Code		Check Number	
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State		Zip Code		Check Number	
To Whom Paid						M	D	Y	Amount
									0.00
Address				Purpose					
City				State		Zip Code		Check Number	
To Whom Paid						M	D	Y	Amount
									0.00
Address				Purpose					
City				State		Zip Code		Check Number	
To Whom Paid						M	D	Y	Amount
									0.00
Address				Purpose					
City				State		Zip Code		Check Number	

# Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee To Elect Judge Maynard									
To Whom Paid Brownstone						M	D	Y	Amount 470.30
Address 122 E. Main St						Purpose Fundraiser			
City Columbus						State O	H	Zip Code 43215	Check Number 1014
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	Check Number

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

# Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>Committee To Elect Judge Maynard</b>									
To Whom Owed <b>Lionel Jones</b>						Prior Amount <b>0.00</b>		Amt. Incurred this Period <b>68.48</b>	
Address <b>4155 A Aston Martin Court</b>						Item or Purpose for Debt <b>Fund Raiser</b>		Outstanding Balance <b>68.48</b>	
City <b>Columbus</b>				State <b>OH</b>		Zip Code <b>43232</b>		<b>Payments Made This Period</b> Date                      Amount	
Date Debt was originally Incurred				M	D	Y	M	D	Y
				0	9	0	8	0	5
Registration Number, if PAC						M	D	Y	
						M	D	Y	
To Whom Owed						Prior Amount		Amt. Incurred this Period	
Address						Item or Purpose for Debt		Outstanding Balance	
City				State		Zip Code		<b>Payments Made This Period</b> Date                      Amount	
Date Debt was originally Incurred				M	D	Y	M	D	Y
Registration Number, if PAC						M	D	Y	
						M	D	Y	
To Whom Owed						Prior Amount		Amt. Incurred this Period	
Address						Item or Purpose for Debt		Outstanding Balance	
City				State		Zip Code		<b>Payments Made This Period</b> Date                      Amount	
Date Debt was originally Incurred				M	D	Y	M	D	Y
Registration Number, if PAC						M	D	Y	
						M	D	Y	

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 68.48 (also record on cover page)



# Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Committee To Elect Judge Maynard</b>											
From Whom Received <b>William Dwaune Maynard</b>								Prior Amount <b>0.00</b>		Amt. Incurred this Period <b>1,250.00</b>	
Address <b>7903 Wiltshire Court</b>										Outstanding Balance <b>1,250.00</b>	
City <b>Dublin</b>		State <b>OH</b>	Zip Code <b>43016</b>	Loans Received This Period				Payments This Period			
				Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M		D		Y		\$
<b>0 5 0 5 0 5</b>		<b>0</b>	<b>5</b>	<b>0</b>	<b>0 5 0 5</b>		<b>600</b>		<b>0</b>		<b>0</b>
Registration Number, if PAC				M		D		Y			
				<b>0 7 2 3 0 5</b>		<b>400</b>					
Employer/Occupation/Labor Organization*				M		D		Y			
				<b>1 0 0 6 0 5</b>		<b>250</b>					
From Whom Received								Prior Amount		Amt. Incurred this Period	
Address										Outstanding Balance	
City		State	Zip Code	Loans Received This Period				Payments This Period			
				Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M		D		Y		\$
Registration Number, if PAC				M		D		Y			
Employer/Occupation/Labor Organization*				M		D		Y			
From Whom Received								Prior Amount		Amt. Incurred this Period	
Address										Outstanding Balance	
City		State	Zip Code	Loans Received This Period				Payments This Period			
				Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M		D		Y		\$
Registration Number, if PAC				M		D		Y			
Employer/Occupation/Labor Organization*				M		D		Y			

\* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- Total prior amount \$ 0.00
- Total received this period \$ 1,250.00 (To Form No. 31-A-2)
- Total Payments this Period \$ 0.00 (also record on Form 31-B)
- Total Outstanding Balance \$ 1,250.00 (To Form No. 30-A)

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Committee To Elect Judge Maynard</b>							
Full Name <b>Total Loans Received This Period</b>				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
		I   N		1	0	1905	1,250.00
City		State	Zip Code	Form(Cash, Check, etc)			
		O   H					
Full Name <b>Bank One</b>				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
		I   N		0	2	2805	2.09
City		State	Zip Code	Form(Cash, Check, etc)			
Columbus		O   H					
Full Name <b>Bank One</b>				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
		I   N		0	3	3105	1.28
City		State	Zip Code	Form(Cash, Check, etc)			
Columbus		O   H					
Full Name <b>Bank One</b>				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
		I   N		0	4	2905	2.44
City		State	Zip Code	Form(Cash, Check, etc)			
Columbus		O   H					
Full Name <b>Bank One</b>				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
		I   N		0	5	3105	2.60
City		State	Zip Code	Form(Cash, Check, etc)			
Columbus		O   H					
Full Name <b>Bank One</b>				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
		I   N		0	6	3005	2.69
City		State	Zip Code	Form(Cash, Check, etc)			
Columbus		O   H					
Full Name <b>Bank One</b>				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
		I   N		0	7	2905	2.44
City		State	Zip Code	Form(Cash, Check, etc)			
Columbus		O   H					
Full Name <b>Bank One</b>				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
		I   N		0	8	3105	3.15
City		State	Zip Code	Form(Cash, Check, etc)			
Columbus		O   H					

\* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 1,266.69

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Committee To Elect Judge Maynard</b>							
Full Name <b>Bank One</b>				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
	I   N		0	9	3	0	4.59
City	State	Zip Code	Form(Cash, Check, etc)				
<b>Columbus</b>	O   H						
Full Name				Registration Number, if PAC			
Address				Amount			
				0.00			
City				Form(Cash, Check, etc)			
Full Name				Registration Number, if PAC			
Address				Amount			
				0.00			
City				Form(Cash, Check, etc)			
Full Name				Registration Number, if PAC			
Address				Amount			
				0.00			
City				Form(Cash, Check, etc)			
Full Name				Registration Number, if PAC			
Address				Amount			
				0.00			
City				Form(Cash, Check, etc)			
Full Name				Registration Number, if PAC			
Address				Amount			
				0.00			
City				Form(Cash, Check, etc)			
Full Name				Registration Number, if PAC			
Address				Amount			
				0.00			
City				Form(Cash, Check, etc)			
Full Name				Registration Number, if PAC			
Address				Amount			
				0.00			
City				Form(Cash, Check, etc)			

\* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 4.59

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee To Elect Judge Maynard</b>							
Full Name of Contributor <b>Robert W. Suhr, Ttee</b>				Registration Number, if PAC			
Street Address <b>59 Lakeview Drive</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	2	200.00
City <b>Thornville</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43026</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Emily E. Heckert</b>				Registration Number, if PAC			
Street Address <b>7485 Fairfield Lakes Drive</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	2	100.00
City <b>Powell</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43065</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Martin C. Nobile</b>				Registration Number, if PAC			
Street Address <b>3278 Reed Point Drive</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	2	100.00
City <b>Hilliard</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43026</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Sallynda Rothchild Denison</b>				Registration Number, if PAC			
Street Address <b>500 S. Front Street Suite 102</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	2	200.00
City <b>Columbus</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43215</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Frederick T. Moses</b>				Registration Number, if PAC			
Street Address <b>19538 Carroll Rd</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	2	200.00
City <b>Rockbridge</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43149</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Nancy K. Wonnell</b>				Registration Number, if PAC			
Street Address <b>330 S. High Street</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	2	100.00
City <b>Columbus</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43215</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>David C. Young</b>				Registration Number, if PAC			
Street Address <b>495 S. High Street</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	2	100.00
City <b>Columbus</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43215</b>	Form(Cash, Check, etc) <b>Check</b>			

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,000.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee To Elect Judge Maynard</b>							
Full Name of Contributor <b>Byron L. Potts</b>						Registration Number, if PAC	
Street Address <b>5770 Middleby Drive</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	2	100.00
City <b>Hilliard</b>		State <b>O</b>	H	Zip Code <b>43026</b>	Form(Cash, Check, etc) <b>Check</b>		
Full Name of Contributor <b>Douglas A. Funkhouser</b>						Registration Number, if PAC	
Street Address <b>1560 Vanelm Street</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	2	100.00
City <b>Columbus</b>		State <b>O</b>	H	Zip Code <b>43228</b>	Form(Cash, Check, etc) <b>Check</b>		
Full Name of Contributor <b>Jo E. Kaiser</b>						Registration Number, if PAC	
Street Address <b>2103 Scenic Drive</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	2	100.00
City <b>Lancaster</b>		State <b>O</b>	H	Zip Code <b>43130</b>	Form(Cash, Check, etc) <b>Check</b>		
Full Name of Contributor <b>Robert M. Storey</b>						Registration Number, if PAC	
Street Address <b>2967 Stillmeadow Drive</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	2	100.00
City <b>Dublin</b>		State <b>O</b>	H	Zip Code <b>43016</b>	Form(Cash, Check, etc) <b>Check</b>		
Full Name of Contributor <b>Umberto A. Denbeneditto, Jr.</b>						Registration Number, if PAC	
Street Address <b>2176 Victoria Park Drive</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	2	100.00
City <b>Columbus</b>		State <b>O</b>	H	Zip Code <b>43225</b>	Form(Cash, Check, etc) <b>Check</b>		
Full Name of Contributor <b>Thomas N. Taneff</b>						Registration Number, if PAC	
Street Address <b>600 S. High Street, Ste 201</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	2	100.00
City <b>Columbus</b>		State <b>O</b>	H	Zip Code <b>43215-5656</b>	Form(Cash, Check, etc) <b>Check</b>		
Full Name of Contributor <b>Wiles, Boyle, Burkholder &amp; Bringardner</b>						Registration Number, if PAC <b>#CP-1058</b>	
Street Address <b>115 W. Main Street</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	2	500.00
City <b>Columbus</b>		State <b>O</b>	H	Zip Code <b>43215-5041</b>	Form(Cash, Check, etc) <b>Check</b>		

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Total contributions this event

Total expenditures this event

Page Total \$ 1,100.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee To Elect Judge Maynard</b>						
Full Name of Contributor <b>Gallagher, Gams, Pryor, Tallan &amp; Littrell, LLP</b>			Registration Number, if PAC			
Street Address <b>471 E. Broad Street - 19th Floor</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>2</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43215-3872</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Regina Ford</b>			Registration Number, if PAC			
Street Address <b>5771 Wooden Plank Rd</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>2</b>	Amount <b>100.00</b>
City <b>Hilliard</b>	State <b>O</b>	Zip Code <b>43026</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>John William Ferron</b>			Registration Number, if PAC			
Street Address <b>6262 Deeside Drive</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>2</b>	Amount <b>100.00</b>
City <b>Dublin</b>	State <b>O</b>	Zip Code <b>43017</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Keener, Doucher, Curley &amp; Patterson</b>			Registration Number, if PAC			
Street Address <b>88 E. Broad Street Suite 1750</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>2</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43215</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Vorys Sater Seymour and Pearce LLP</b>			Registration Number, if PAC <b>#OH 108</b>			
Street Address <b>52 E. Gay Street P.O. Box 1008</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>2</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43215-1008</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Lane, Alton &amp; Horst LLC</b>			Registration Number, if PAC			
Street Address <b>175 S. Third Street</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>2</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43215-5100</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Schottenstein Zox &amp; Dunn Co LPA</b>			Registration Number, if PAC			
Street Address <b>250 West Street</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>2</b>	Amount <b>500.00</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43215</b>	Form(Cash, Check, etc) <b>Check</b>			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,100.00

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee To Elect Judge Maynard</b>							
Full Name of Contributor <b>Gerald Noel</b>				Registration Number, if PAC			
Street Address <b>555 S. Third Street</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	2	100.00
City <b>Columbus</b>		State <b>O</b>	Zip Code <b>43215</b>	Form(Cash, Check, etc) <b>Cash</b>			
Full Name of Contributor <b>Lewis Dye</b>				Registration Number, if PAC			
Street Address <b>555 S. third Street</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	2	100.00
City <b>Columbus</b>		State <b>O</b>	Zip Code <b>43215</b>	Form(Cash, Check, etc) <b>Cash</b>			
Full Name of Contributor <b>Rebecca Gooch</b>				Registration Number, if PAC			
Street Address <b>1538 S. Champion Avenue</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	2	100.00
City <b>Columbus</b>		State <b>O</b>	Zip Code <b>43205</b>	Form(Cash, Check, etc) <b>Cash</b>			
Full Name of Contributor <b>Otto Beatty</b>				Registration Number, if PAC			
Street Address <b>23 S. High Street</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	2	100.00
City <b>Columbus</b>		State <b>O</b>	Zip Code <b>43215</b>	Form(Cash, Check, etc) <b>Cash</b>			
Full Name of Contributor <b>Kelvin Lindsey</b>				Registration Number, if PAC <b>#OH 108</b>			
Street Address <b>2894 LaRosa Drive</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	2	100.00
City <b>Columbus</b>		State <b>O</b>	Zip Code <b>43223</b>	Form(Cash, Check, etc) <b>Cash</b>			
Full Name of Contributor <b>Dale Yurovick</b>				Registration Number, if PAC			
Street Address <b>5 E. Long Street</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	2	100.00
City <b>Columbus</b>		State <b>O</b>	Zip Code <b>43215</b>	Form(Cash, Check, etc) <b>Cash</b>			
Full Name of Contributor <b>Jerry Watson</b>				Registration Number, if PAC			
Street Address <b>3235 Oakland Hills Drive</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	2	100.00
City <b>Pickerington</b>		State <b>O</b>	Zip Code <b>43147</b>	Form(Cash, Check, etc) <b>Cash</b>			

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Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 700.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee To Elect Judge Maynard</b>							
Full Name of Contributor <b>Rick Daniels</b>				Registration Number, if PAC			
Street Address <b>1350 W. Fifth Avenue</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	2	50.00
City <b>Columbus</b>		State <b>O</b>	H	Zip Code <b>43204</b>		Form(Cash, Check, etc) <b>Cash</b>	
Full Name of Contributor <b>Contributions of \$25 Less</b>				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	2	100.00
City <b>Columbus</b>		State <b>O</b>	H	Zip Code <b>43204</b>		Form(Cash, Check, etc) <b>Cash</b>	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							0.00
City		State	H	Zip Code		Form(Cash, Check, etc)	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							0.00
City		State	H	Zip Code		Form(Cash, Check, etc)	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							0.00
City		State	H	Zip Code		Form(Cash, Check, etc)	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							0.00
City		State	H	Zip Code		Form(Cash, Check, etc)	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							0.00
City		State	H	Zip Code		Form(Cash, Check, etc)	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

4,050.00

Total expenditures this event

0.00

Page Total \$ 150.00



## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee To Elect Judge Maynard</b>							
Full Name of Contributor <b>Deborah F. Sanders</b>				Registration Number, if PAC			
Street Address <b>641 Indiana Mound Road</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	29	200.00
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43213</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>William J. Butler</b>				Registration Number, if PAC			
Street Address <b>1062 Cassingham Road</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	29	200.00
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43209</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Guy Reece</b>				Registration Number, if PAC			
Street Address <b>7191 Keystone Ranch Court</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	29	250.00
City <b>Blacklick</b>	State <b>O</b>	H	Zip Code <b>43004</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>H. Lee Thompson</b>				Registration Number, if PAC			
Street Address <b>85 E. Gay Street Suite 810</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	29	175.00
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43215</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Michael McCord</b>				Registration Number, if PAC			
Street Address <b>811 Strawberry Hill Rd West</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	29	200.00
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43213</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Philip T. Daniel</b>				Registration Number, if PAC			
Street Address <b>8161 Flint Rd</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	29	200.00
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43235</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Carl D. Smallwood</b>				Registration Number, if PAC			
Street Address <b>4121 Edgehill Drive</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	29	200.00
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43220</b>	Form(Cash, Check, etc) <b>Check</b>			

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Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,425.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee To Elect Judge Maynard</b>					
Full Name of Contributor <b>Marcus A. Ross</b>				Registration Number, if PAC	
Street Address <b>4468 Keeler Drive</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43227</b>	Form(Cash, Check, etc) <b>Check</b>		Amount <b>200.00</b>
Full Name of Contributor <b>Vorys Sater Seymour and Pease LLP / Adv for Effec Gov</b>				Registration Number, if PAC <b>#OH 108</b>	
Street Address <b>52 E. Gay Street</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43215-1008</b>	Form(Cash, Check, etc) <b>Check</b>		Amount <b>200.00</b>
Full Name of Contributor <b>Frederick D. Benton, Jr.</b>				Registration Number, if PAC	
Street Address <b>786 S. Front Street - Ste 204</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43206-1907</b>	Form(Cash, Check, etc) <b>Check</b>		Amount <b>200.00</b>
Full Name of Contributor <b>Ralph Robinson</b>				Registration Number, if PAC	
Street Address <b>844 S. Front Street</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43206</b>	Form(Cash, Check, etc) <b>Cash</b>		Amount <b>100.00</b>
Full Name of Contributor <b>Nathan Akamine</b>				Registration Number, if PAC	
Street Address <b>844 S. Front Street</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43206</b>	Form(Cash, Check, etc) <b>Cash</b>		Amount <b>100.00</b>
Full Name of Contributor <b>Kay Akamine</b>				Registration Number, if PAC	
Street Address <b>844 S. Front Street</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43206</b>	Form(Cash, Check, etc) <b>Cash</b>		Amount <b>100.00</b>
Full Name of Contributor <b>Toure McCord</b>				Registration Number, if PAC	
Street Address <b>844 S. Front Street</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43206</b>	Form(Cash, Check, etc) <b>Cash</b>		Amount <b>100.00</b>

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Total contributions this event

**2,425.00**

Total expenditures this event

Page Total \$ **1,000.00**

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee To Elect Judge Maynard</b>							
Full Name of Contributor <b>Robert F. Krapenc</b>					Registration Number, if PAC		
Street Address <b>601 S. High Street</b>		Employer/Occupation/Labor Organization*			M	D	Y
					0	8	0
					9	0	5
					Amount <b>150.00</b>		
City <b>Columbus</b>		State <b>O</b>	H	Zip Code <b>43215</b>	Form(Cash, Check, etc) <b>Check</b>		
Full Name of Contributor <b>Kyle L. Hunter</b>							
Street Address <b>601 S. High Street - First Floor</b>					Registration Number, if PAC		
		Employer/Occupation/Labor Organization*			M	D	Y
					0	8	0
					9	0	5
					Amount <b>50.00</b>		
City <b>Columbus</b>		State <b>O</b>	H	Zip Code <b>43215</b>	Form(Cash, Check, etc) <b>Check</b>		
Full Name of Contributor <b>Julie Paek Hubler</b>							
Street Address <b>141 E. Town Street</b>					Registration Number, if PAC		
		Employer/Occupation/Labor Organization*			M	D	Y
					0	8	0
					9	0	5
					Amount <b>35.00</b>		
City <b>Columbus</b>		State <b>O</b>	H	Zip Code <b>43215</b>	Form(Cash, Check, etc) <b>Check</b>		
Full Name of Contributor <b>Philip L. Allen</b>							
Street Address <b>600S. High Street Suite 201</b>					Registration Number, if PAC		
		Employer/Occupation/Labor Organization*			M	D	Y
					0	8	0
					9	0	5
					Amount <b>35.00</b>		
City <b>Columbus</b>		State <b>O</b>	H	Zip Code <b>43215</b>	Form(Cash, Check, etc) <b>Check</b>		
Full Name of Contributor <b>Charles William McGowan</b>							
Street Address <b>601 S. High Street</b>					Registration Number, if PAC		
		Employer/Occupation/Labor Organization*			M	D	Y
					0	8	0
					9	0	5
					Amount <b>50.00</b>		
City <b>Columbus</b>		State <b>O</b>	H	Zip Code <b>43215</b>	Form(Cash, Check, etc) <b>Check</b>		
Full Name of Contributor <b>Martin C. Nobile</b>							
Street Address <b>3278 Reed Point Drive</b>					Registration Number, if PAC		
		Employer/Occupation/Labor Organization*			M	D	Y
					0	8	0
					9	0	5
					Amount <b>35.00</b>		
City <b>Hilliard</b>		State <b>O</b>	H	Zip Code <b>43026</b>	Form(Cash, Check, etc) <b>Check</b>		
Full Name of Contributor							
Street Address					Registration Number, if PAC		
		Employer/Occupation/Labor Organization*			M	D	Y
					Amount <b>0.00</b>		
City		State	H	Zip Code	Form(Cash, Check, etc)		

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

**355.00**

Total expenditures this event

Page Total \$ **355.00**

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee To Elect Judge Maynard</b>						
Full Name of Contributor <b>Contributions \$25 or Less</b>				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	8	1	85.00
City	State	Zip Code	Form(Cash, Check, etc)			
Full Name of Contributor <b>Deborah Stokes</b>				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
5307 Ruthamy Avenue			0	8	1	100.00
City	State	Zip Code	Form(Cash, Check, etc)			
Westerville	O   H	43081	Check			
Full Name of Contributor <b>Warren Irving</b>				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1179 Hickory Grove Court			0	8	1	50.00
City	State	Zip Code	Form(Cash, Check, etc)			
Worthington	O   H	43085	Check			
Full Name of Contributor <b>Keith F. Matthews</b>				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
302 Shyanne Court			0	8	1	50.00
City	State	Zip Code	Form(Cash, Check, etc)			
Powell	O   H	43065	Check			
Full Name of Contributor <b>Sherry B. Keys-Hebron</b>				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1007 Caroway Drive			0	8	1	150.00
City	State	Zip Code	Form(Cash, Check, etc)			
Gahanna	O   H	43230	Check			
Full Name of Contributor <b>Jack G. Gibbs</b>				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
3855 McDannald Drive			0	8	1	150.00
City	State	Zip Code	Form(Cash, Check, etc)			
Gahanna	O   H	43230-1120	Check			
Full Name of Contributor <b>Beth A. Thomas</b>				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
8144 Davington Drive			0	8	1	100.00
City	State	Zip Code	Form(Cash, Check, etc)			
Dublin	O   H	43017-1805	Check			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 685.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee To Elect Judge Maynard</b>					
Full Name of Contributor <b>Shellee Fisher Davis</b>				Registration Number, if PAC	
Street Address <b>8349 Breckenridge Way</b>	Employer/Occupation/Labor Organization*			M   D   Y <b>0   8   1   2   0   5</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43235</b>		Form(Cash, Check, etc) <b>Check</b>	
Full Name of Contributor <b>Thomas E. Mazurek</b>				Registration Number, if PAC	
Street Address <b>6194 Balmoral Drive</b>	Employer/Occupation/Labor Organization*			M   D   Y <b>0   8   1   2   0   5</b>	Amount <b>250.00</b>
City <b>Dublin</b>	State <b>O   H</b>	Zip Code <b>43017</b>		Form(Cash, Check, etc) <b>Check</b>	
Full Name of Contributor <b>Deborah B. Walker</b>				Registration Number, if PAC	
Street Address <b>751 Line Way</b>	Employer/Occupation/Labor Organization*			M   D   Y <b>0   8   1   2   0   5</b>	Amount <b>100.00</b>
City <b>Gahanna</b>	State <b>O   H</b>	Zip Code <b>43230</b>		Form(Cash, Check, etc) <b>Check</b>	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*			M   D   Y	Amount <b>0.00</b>
City	State	Zip Code		Form(Cash, Check, etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*			M   D   Y	Amount <b>0.00</b>
City	State	Zip Code		Form(Cash, Check, etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*			M   D   Y	Amount <b>0.00</b>
City	State	Zip Code		Form(Cash, Check, etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*			M   D   Y	Amount <b>0.00</b>
City	State	Zip Code		Form(Cash, Check, etc)	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

1,085.00

Total expenditures this event

Page Total \$ 400.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee To Elect Judge Maynard</b>					
Full Name of Contributor <b>Mitch Alter</b>				Registration Number, if PAC	
Street Address <b>500 S. Front Street</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   8   1   7   0   5</b>	Amount <b>100.00</b>	
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash, Check, etc) <b>Cash</b>		
Full Name of Contributor <b>Byron Victory</b>				Registration Number, if PAC	
Street Address <b>500 S. Front Street</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   8   1   7   0   5</b>	Amount <b>50.00</b>	
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash, Check, etc) <b>Cash</b>		
Full Name of Contributor <b>Lawrence A. Riehl</b>				Registration Number, if PAC	
Street Address <b>500 S. Front Street Suite 200</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   8   1   7   0   5</b>	Amount <b>150.00</b>	
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215-7628</b>	Form(Cash, Check, etc) <b>Check</b>		
Full Name of Contributor <b>Crabbe, Brown &amp; James</b>				Registration Number, if PAC	
Street Address <b>500 S. Front Street Suite 1200</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   8   1   7   0   5</b>	Amount <b>1,000.00</b>	
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash, Check, etc) <b>Check</b>		
Full Name of Contributor <b>McCord &amp; Akamine</b>				Registration Number, if PAC	
Street Address <b>844 S. Front Street</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   8   1   7   0   5</b>	Amount <b>300.00</b>	
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43206</b>	Form(Cash, Check, etc) <b>Check</b>		
Full Name of Contributor <b>R. F. Ross Legal Services</b>				Registration Number, if PAC	
Street Address <b>338 S. High Street</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   8   1   7   0   5</b>	Amount <b>100.00</b>	
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215-4546</b>	Form(Cash, Check, etc) <b>Check</b>		
Full Name of Contributor <b>Alex Shumate</b>				Registration Number, if PAC	
Street Address <b>229 Deer Meadow Drive</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   8   1   7   0   5</b>	Amount <b>150.00</b>	
City <b>Gahanna</b>	State <b>O   H</b>	Zip Code <b>43230</b>	Form(Cash, Check, etc) <b>Check</b>		

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,850.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee To Elect Judge Maynard</b>						
Full Name of Contributor <b>Larry H. James</b>				Registration Number, if PAC		
Street Address <b>One Miranova Place Ste 1040</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>	Y <b>1</b>	Amount <b>350.00</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43215</b>	Form(Cash, Check, etc) <b>Cash</b>			
Full Name of Contributor <b>Christina L. Corl</b>				Registration Number, if PAC		
Street Address <b>5971 Olentangy River Rd</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>	Y <b>1</b>	Amount <b>150.00</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43085-3400</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Thomas J. Bonasera</b>				Registration Number, if PAC		
Street Address <b>1360 Marlyn Drive</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>	Y <b>1</b>	Amount <b>150.00</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43220</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Christopher M. Cooper</b>				Registration Number, if PAC		
Street Address <b>286 Marjoram Drive</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>	Y <b>1</b>	Amount <b>150.00</b>
City <b>Gahanna</b>	State <b>O</b>	Zip Code <b>43230</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Demetries Jo Neely</b>				Registration Number, if PAC		
Street Address <b>345 Farm Creek Drive</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>	Y <b>1</b>	Amount <b>150.00</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43230</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash, Check, etc)			
Full Name of Contributor				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash, Check, etc)			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

2 800.00

Total expenditures this event

Page Total \$ 950.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee To Elect Judge Maynard</b>					
Full Name of Contributor <b>John Gore</b>				Registration Number, if PAC	
Street Address <b>183 Farmwood Place</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>	Y <b>2</b>
City <b>Gahanna</b>	State <b>O</b>	Zip Code <b>43230</b>	<b>7</b>	<b>0</b>	<b>5</b>
			Form(Cash, Check, etc) <b>Check</b>		
			Amount <b>50.00</b>		
Full Name of Contributor <b>D'Juan S. M. Hamonds</b>				Registration Number, if PAC	
Street Address <b>24 Home Street #1103</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>	Y <b>2</b>
City <b>Athens</b>	State <b>O</b>	Zip Code <b>45701</b>	<b>7</b>	<b>0</b>	<b>5</b>
			Form(Cash, Check, etc) <b>Check</b>		
			Amount <b>100.00</b>		
Full Name of Contributor <b>Wiliam J. Butler</b>				Registration Number, if PAC	
Street Address <b>1062 Cassingham Rd</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43209</b>	<b>7</b>	<b>0</b>	<b>5</b>
			Form(Cash, Check, etc) <b>Check</b>		
			Amount <b>100.00</b>		
Full Name of Contributor <b>Donald Bess</b>				Registration Number, if PAC	
Street Address <b>9523 Haaf Farm Dr NW</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>	Y <b>2</b>
City <b>Pickerington</b>	State <b>O</b>	Zip Code <b>43137</b>	<b>7</b>	<b>0</b>	<b>5</b>
			Form(Cash, Check, etc) <b>Check</b>		
			Amount <b>100.00</b>		
Full Name of Contributor <b>George M. Walker, Sr.</b>				Registration Number, if PAC	
Street Address <b>1405 E. 24th Avenue</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43211</b>	<b>7</b>	<b>0</b>	<b>5</b>
			Form(Cash, Check, etc) <b>Check</b>		
			Amount <b>100.00</b>		
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code			
			Form(Cash, Check, etc)		
			Amount <b>0.00</b>		
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code			
			Form(Cash, Check, etc)		
			Amount <b>0.00</b>		

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

**450.00**

Total expenditures this event

Page Total \$ **450.00**



## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee To Elect Judge Maynard</b>					
Full Name of Contributor <b>Marcia Conley</b>				Registration Number, if PAC	
Street Address <b>3870 Scotsefield Drive</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>0</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43230</b>	Form(Cash, Check, etc) <b>Money Order</b>		Amount <b>50.00</b>
Full Name of Contributor <b>Charles Muscari / Wiles, Boyle, Burkholder, Bringardner Co.</b>				Registration Number, if PAC <b>#CP-1058</b>	
Street Address <b>300 Spruce</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>0</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43215</b>	Form(Cash, Check, etc) <b>Check</b>		Amount <b>100.00</b>
Full Name of Contributor <b>John P. Bessey</b>				Registration Number, if PAC	
Street Address <b>6670 Kensington Way</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>0</b>
City <b>Worthington</b>	State <b>O</b>	Zip Code <b>43085</b>	Form(Cash, Check, etc) <b>Check</b>		Amount <b>75.00</b>
Full Name of Contributor <b>Charles A. Schneider</b>				Registration Number, if PAC	
Street Address <b>4492 Shire Mill Road</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>0</b>
City <b>Hilliard</b>	State <b>O</b>	Zip Code <b>43026</b>	Form(Cash, Check, etc) <b>Check</b>		Amount <b>50.00</b>
Full Name of Contributor <b>Thomas N. Taneff</b>				Registration Number, if PAC	
Street Address <b>600 S. High Street</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>0</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43215-5656</b>	Form(Cash, Check, etc) <b>Check</b>		Amount <b>100.00</b>
Full Name of Contributor <b>Contributions \$25 or Less</b>				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash, Check, etc) <b>Check</b>		Amount <b>10.00</b>
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash, Check, etc)		Amount <b>0.00</b>

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

**385.00**

Total expenditures this event

**68.48**

Page Total \$ **385.00**

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee To Elect Judge Maynard</b>							
Full Name of Contributor <b>Contributions Less Than \$25</b>				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	0	110.00
City		State	Zip Code	Form(Cash, Check, etc)			
				Cash			
Full Name of Contributor <b>Frederick D. Benton, Jr.</b>				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
786 S. Front Street Ste 204				0	9	0	100.00
City		State	Zip Code	Form(Cash, Check, etc)			
Columbus		O   H	43206-1907	Check			
Full Name of Contributor <b>Salon Lofts, LLC</b>				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
29 E. Russell Street Suite 202				0	9	0	100.00
City		State	Zip Code	Form(Cash, Check, etc)			
Columbus		O   H	43215	Check			
Full Name of Contributor <b>Steven R. Ward</b>				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3433 Oakcrest Road				0	9	0	50.00
City		State	Zip Code	Form(Cash, Check, etc)			
Columbus		O   H	43232	Check			
Full Name of Contributor <b>Richard C. Malone</b>				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3558 Kickwood Road				0	9	0	50.00
City		State	Zip Code	Form(Cash, Check, etc)			
Columbus		O   H	43227	Check			
Full Name of Contributor <b>Rosanne Carmichael</b>				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
99 N. Everett Avenue				0	9	0	50.00
City		State	Zip Code	Form(Cash, Check, etc)			
Columbus		O   H	43213	Check			
Full Name of Contributor <b>Laurel A. Beatty</b>				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
268 E. Gates Street				0	9	0	50.00
City		State	Zip Code	Form(Cash, Check, etc)			
Columbus		O   H	43206	Check			

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 510.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee To Elect Judge Maynard</b>					
Full Name of Contributor <b>Janelle N. Simmons</b>				Registration Number, if PAC	
Street Address <b>2686 Bloom Drive</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>0</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43219</b>	Form(Cash, Check, etc) <b>Check</b>		Amount <b>50.00</b>
Full Name of Contributor <b>Kevin Allen</b>				Registration Number, if PAC	
Street Address <b>968 Washington Street</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>0</b>
City <b>Pickerington</b>	State <b>O</b>	Zip Code <b>43147-8193</b>	Form(Cash, Check, etc) <b>Check</b>		Amount <b>50.00</b>
Full Name of Contributor <b>Rhonda P. Metoyer</b>				Registration Number, if PAC	
Street Address <b>1414 Lockbourne</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>0</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43206</b>	Form(Cash, Check, etc) <b>Check</b>		Amount <b>50.00</b>
Full Name of Contributor <b>Lillian R. Crawford</b>				Registration Number, if PAC	
Street Address <b>3265 Rensbury Court</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>0</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43017-1803</b>	Form(Cash, Check, etc) <b>Check</b>		Amount <b>100.00</b>
Full Name of Contributor <b>Philicia Pegram</b>				Registration Number, if PAC	
Street Address <b>1139 Bernhard Rd</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>0</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43227</b>	Form(Cash, Check, etc) <b>Check</b>		Amount <b>50.00</b>
Full Name of Contributor <b>Mark Hatcher</b>				Registration Number, if PAC	
Street Address <b>2147 Marfa Road</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>0</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43229</b>	Form(Cash, Check, etc) <b>Cash</b>		Amount <b>50.00</b>
Full Name of Contributor <b>Marcia Ross</b>				Registration Number, if PAC	
Street Address <b>4468 Keeler Drive</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>0</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43227</b>	Form(Cash, Check, etc) <b>Cash</b>		Amount <b>40.00</b>

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 390.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee To Elect Judge Maynard</b>							
Full Name of Contributor <b>Percy Squire</b>				Registration Number, if PAC			
Street Address <b>65 E. State Street</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>0</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43215</b>	Form(Cash, Check, etc) <b>Cash</b>			
Full Name of Contributor <b>Jerzell Pierre Louis</b>				Registration Number, if PAC			
Street Address <b>6227 Beringer Drive</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>0</b>	Amount <b>100.00</b>
City	State <b>O</b>	H <b>H</b>	Zip Code <b>43026</b>	Form(Cash, Check, etc) <b>Cash</b>			
Full Name of Contributor <b>Sadie Coates</b>				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>0</b>	Amount <b>60.00</b>
City	State	H	Zip Code	Form(Cash, Check, etc) <b>Cash</b>			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount <b>0.00</b>
City	State	H	Zip Code	Form(Cash, Check, etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount <b>0.00</b>
City	State	H	Zip Code	Form(Cash, Check, etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M <b>0</b>	D	Y	Amount <b>0.00</b>
City	State	H	Zip Code	Form(Cash, Check, etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount <b>0.00</b>
City	State	H	Zip Code	Form(Cash, Check, etc)			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

**1 160.00**

Total expenditures this event

**0.00**

Page Total \$ **260.00**

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee To Elect Judge Maynard</b>							
Full Name of Contributor <b>Lewis T Dye</b>					Registration Number, if PAC		
Street Address <b>555 S. Third Street</b>		Employer/Occupation/Labor Organization*			M	D	Y
					0	9	2
					2	2	0
					5	Amount <b>50.00</b>	
City <b>Columbus</b>		State <b>O</b>	H	Zip Code <b>43215</b>	Form(Cash, Check, etc) <b>Cash</b>		
Full Name of Contributor <b>Robert F. Krapenc</b>					Registration Number, if PAC <b>#CP-1058</b>		
Street Address <b>601 S. High Street - First Floor</b>		Employer/Occupation/Labor Organization*			M	D	Y
					0	9	2
					2	2	0
					5	Amount <b>300.00</b>	
City <b>Columbus</b>		State <b>O</b>	H	Zip Code <b>43215</b>	Form(Cash, Check, etc) <b>Check</b>		
Full Name of Contributor <b>Christina L. Corl</b>					Registration Number, if PAC		
Street Address <b>5971 Olentangy River Rd</b>		Employer/Occupation/Labor Organization*			M	D	Y
					0	9	2
					2	2	0
					5	Amount <b>200.00</b>	
City <b>Worthington</b>		State <b>O</b>	H	Zip Code <b>43085</b>	Form(Cash, Check, etc) <b>Check</b>		
Full Name of Contributor <b>Nicholas W. Yaeger</b>					Registration Number, if PAC		
Street Address <b>288 Thurman Avenue</b>		Employer/Occupation/Labor Organization*			M	D	Y
					0	9	2
					2	2	0
					5	Amount <b>50.00</b>	
City <b>Columbus</b>		State <b>O</b>	H	Zip Code <b>43206</b>	Form(Cash, Check, etc) <b>Check</b>		
Full Name of Contributor <b>Gerald Noel</b>					Registration Number, if PAC		
Street Address <b>555 S. Third Street</b>		Employer/Occupation/Labor Organization*			M	D	Y
					0	9	2
					2	2	0
					5	Amount <b>35.00</b>	
City <b>Columbus</b>		State <b>O</b>	H	Zip Code <b>43215</b>	Form(Cash, Check, etc) <b>Check</b>		
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			M	D	Y
						Amount <b>0.00</b>	
City		State	H	Zip Code	Form(Cash, Check, etc)		
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			M	D	Y
						Amount <b>0.00</b>	
City		State	H	Zip Code	Form(Cash, Check, etc)		

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Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

**635.00**

Total expenditures this event

**0.00**

Page Total \$ **635.00**

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee To Elect Judge Maynard</b>									
Full Name of Contributor <b>Marie L. Stevens</b>						Registration Number, if PAC			
Street Address <b>3476 Penfield Rd</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43227</b>	M <b>0</b>	D <b>2</b>	Y <b>0</b>	Amount <b>250.00</b>		
Full Name of Contributor <b>Larry W. Thomas</b>						Registration Number, if PAC			
Street Address <b>1058 Mt. Vernon Avenue</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43203</b>	M <b>0</b>	D <b>2</b>	Y <b>0</b>	Amount <b>250.00</b>		
Full Name of Contributor <b>Sabrina Thomas</b>						Registration Number, if PAC			
Street Address <b>520 N. Nelson Rd</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43219</b>	M <b>0</b>	D <b>2</b>	Y <b>0</b>	Amount <b>250.00</b>		
Full Name of Contributor <b>Anita L. Nious</b>						Registration Number, if PAC			
Street Address <b>2567 Villa Savoie</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43219</b>	M <b>0</b>	D <b>2</b>	Y <b>1</b>	Amount <b>250.00</b>		
Full Name of Contributor <b>Sanford J. Cohan</b>						Registration Number, if PAC			
Street Address <b>2500 Corporate Exchange Dr. Ste. 151</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43231</b>	M <b>0</b>	D <b>3</b>	Y <b>2</b>	Amount <b>100.00</b>		
Full Name of Contributor <b>Ruth Harper</b>						Registration Number, if PAC			
Street Address <b>575 S. High Street</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43215</b>	M <b>0</b>	D <b>4</b>	Y <b>0</b>	Amount <b>50.00</b>		
Full Name of Contributor <b>Smith, Phillips &amp; Assoc. Co. LPA / Janet Phillips</b>						Registration Number, if PAC			
Street Address <b>6660 N. High Street, Suite 3F</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Worthington</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43085</b>	M <b>0</b>	D <b>3</b>	Y <b>1</b>	Amount <b>100.00</b>		
Full Name of Contributor <b>Scott Wilson Schiff</b>						Registration Number, if PAC			
Street Address <b>503 S. Front Street</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43215</b>	M <b>0</b>	D <b>3</b>	Y <b>1</b>	Amount <b>350.00</b>		

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Page Total \$ 1,600.00

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee To Elect Judge Maynard</b>									
Full Name of Contributor <b>Shawn R. Dominy</b>						Registration Number, if PAC			
Street Address <b>500 W. Wilson Bridge Rd-Ste 110</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Worthington</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43085</b>	M <b>0</b>	D <b>3</b>	Y <b>1</b>	<b>9</b>	<b>0</b>	<b>5</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Mark C. Collins</b>						Registration Number, if PAC			
Street Address <b>73 Mohawk Street Suite 202</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43206</b>	M <b>0</b>	D <b>4</b>	Y <b>0</b>	<b>7</b>	<b>0</b>	<b>5</b>	Amount <b>75.00</b>
Full Name of Contributor <b>Renny J. Tyson</b>						Registration Number, if PAC			
Street Address <b>1465 E. Broad Street</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43205</b>	M <b>0</b>	D <b>4</b>	Y <b>0</b>	<b>9</b>	<b>0</b>	<b>5</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Allen J. Reis</b>						Registration Number, if PAC			
Street Address <b>3250 Knoll Drive</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Gahanna</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43230</b>	M <b>0</b>	D <b>4</b>	Y <b>1</b>	<b>1</b>	<b>0</b>	<b>5</b>	Amount <b>250.00</b>
Full Name of Contributor <b>Joann A. Blum</b>						Registration Number, if PAC			
Street Address <b>7233 Riverknolls Place</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Dublin</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43016</b>	M <b>0</b>	D <b>4</b>	Y <b>2</b>	<b>3</b>	<b>0</b>	<b>5</b>	Amount <b>150.00</b>
Full Name of Contributor <b>Celestine Maynard</b>						Registration Number, if PAC			
Street Address <b>3901 Mayfield Road #101</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Cleveland</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44121</b>	M <b>0</b>	D <b>5</b>	Y <b>0</b>	<b>5</b>	<b>0</b>	<b>5</b>	Amount <b>300.00</b>
Full Name of Contributor <b>Gerald T. Sunbury</b>						Registration Number, if PAC			
Street Address <b>495 S. High Street</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43215</b>	M <b>0</b>	D <b>6</b>	Y <b>0</b>	<b>1</b>	<b>0</b>	<b>5</b>	Amount <b>200.00</b>
Full Name of Contributor <b>David Michael</b>						Registration Number, if PAC			
Street Address <b>6681 Markwood Street</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Worthington</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43085</b>	M <b>0</b>	D <b>6</b>	Y <b>2</b>	<b>6</b>	<b>0</b>	<b>5</b>	Amount <b>25.00</b>

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Page Total \$ 1,200.00

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee To Elect Judge Maynard</b>							
Full Name of Contributor <b>Meeks Shamansky Political Action Committee</b>					Registration Number, if PAC <b>#821</b>		
Street Address <b>511 S. High Street</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	M <b>0   7</b>	D <b>2   7</b>	Y <b>0   5</b>	Amount <b>1,500.00</b>	
Full Name of Contributor <b>Lane, Alton &amp; Horst</b>					Registration Number, if PAC		
Street Address <b>175 S. Third Street</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215-5100</b>	M <b>0   8</b>	D <b>1   5</b>	Y <b>0   5</b>	Amount <b>150.00</b>	
Full Name of Contributor <b>Bricker &amp; Eckler LLP</b>					Registration Number, if PAC		
Street Address <b>100 S. Third Street</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	M <b>0   8</b>	D <b>1   5</b>	Y <b>0   5</b>	Amount <b>1,000.00</b>	
Full Name of Contributor <b>Frederick D. Benton, Jr.</b>					Registration Number, if PAC		
Street Address <b>786 S. Front Street</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43206-1907</b>	M <b>0   8</b>	D <b>2   3</b>	Y <b>0   5</b>	Amount <b>150.00</b>	
Full Name of Contributor <b>Darryl O. Parker</b>					Registration Number, if PAC		
Street Address <b>1178 Worthington Woods Blvd</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Worthington</b>	State <b>O   H</b>	Zip Code <b>43085</b>	M <b>0   8</b>	D <b>2   3</b>	Y <b>0   5</b>	Amount <b>150.00</b>	
Full Name of Contributor <b>Michael McCord</b>					Registration Number, if PAC		
Street Address <b>811 Strawberry Hill Rd West</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43213</b>	M <b>0   8</b>	D <b>2   3</b>	Y <b>0   5</b>	Amount <b>150.00</b>	
Full Name of Contributor <b>Lewis R. Smoot, Sr.</b>					Registration Number, if PAC		
Street Address <b>3919 Sunbury Rd</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43219</b>	M <b>0   8</b>	D <b>2   3</b>	Y <b>0   5</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>Otis J. Henderson</b>					Registration Number, if PAC		
Street Address <b>2359 Gardendale Drive</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43219</b>	M <b>0   8</b>	D <b>2   5</b>	Y <b>0   5</b>	Amount <b>100.00</b>	

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Page Total \$ 3,450.00



# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee To Elect Judge Maynard</b>							
Full Name of Contributor <b>Cheryl J. Parker</b>					Registration Number, if PAC		
Street Address <b>6233 Windbrook Drive</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Blacklick</b>	State <b>O   H</b>	Zip Code <b>43004</b>	M <b>0   9</b>	D <b>0   1</b>	Y <b>0   5</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>John J. McConnell, Jr.</b>					Registration Number, if PAC		
Street Address <b>750 Elmgrove Avenue</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Providence</b>	State <b>R   I</b>	Zip Code <b>02906</b>	M <b>0   9</b>	D <b>0   1</b>	Y <b>0   5</b>	Amount <b>500.00</b>	
Full Name of Contributor <b>Sara Shea McConnell</b>					Registration Number, if PAC		
Street Address <b>750 Elmgrove Avenue</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Providence</b>	State <b>R   I</b>	Zip Code <b>02906</b>	M <b>0   9</b>	D <b>0   1</b>	Y <b>0   5</b>	Amount <b>500.00</b>	
Full Name of Contributor <b>Mary J. McConnell</b>					Registration Number, if PAC		
Street Address <b>166 Imperial Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Warwick</b>	State <b>R   I</b>	Zip Code <b>02886</b>	M <b>0   9</b>	D <b>0   1</b>	Y <b>0   5</b>	Amount <b>500.00</b>	
Full Name of Contributor <b>Myrth York</b>					Registration Number, if PAC		
Street Address <b>48 Lloyd Avenue</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Providence</b>	State <b>R   I</b>	Zip Code <b>02906</b>	M <b>0   9</b>	D <b>0   1</b>	Y <b>0   5</b>	Amount <b>500.00</b>	
Full Name of Contributor <b>Robert J. McConnell</b>					Registration Number, if PAC		
Street Address <b>25 Weymouth Street</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Providence</b>	State <b>R   I</b>	Zip Code <b>02906</b>	M <b>0   9</b>	D <b>0   5</b>	Y <b>0   5</b>	Amount <b>500.00</b>	
Full Name of Contributor <b>Donna M. Benoit</b>					Registration Number, if PAC		
Street Address <b>25 Weymouth Street</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Providence</b>	State <b>R   I</b>	Zip Code <b>02906</b>	M <b>0   9</b>	D <b>0   5</b>	Y <b>0   5</b>	Amount <b>500.00</b>	
Full Name of Contributor <b>Michael David Winston</b>					Registration Number, if PAC		
Street Address <b>75 N. Ohio Avenue</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43203</b>	M <b>0   8</b>	D <b>2   0</b>	Y <b>0   5</b>	Amount <b>100.00</b>	

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 3,150.00

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee To Elect Judge Maynard</b>							
Full Name of Contributor <b>Michael A. Carter</b>					Registration Number, if PAC		
Street Address <b>119 Center Ct</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Wilmington</b>	State <b>D</b>   <b>E</b>	Zip Code <b>19810</b>	M <b>0</b>	D <b>9</b>	Y <b>0</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Deborah Burstion-Donbraye</b>					Registration Number, if PAC		
Street Address <b>19808 Longbrook Rd</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Warrensville Heights</b>	State <b>O</b>   <b>H</b>	Zip Code <b>44128</b>	M <b>0</b>	D <b>9</b>	Y <b>1</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Priscilla R. Tyson</b>					Registration Number, if PAC		
Street Address <b>268 S. Harding Rd</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43209</b>	M <b>0</b>	D <b>9</b>	Y <b>1</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Anisa D. Bell</b>					Registration Number, if PAC		
Street Address <b>1687 Gosport Place</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>New Albany</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43054</b>	M <b>0</b>	D <b>9</b>	Y <b>1</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Fred F. Wilkes</b>					Registration Number, if PAC		
Street Address <b>2448 Perdue Avenue</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43211-2126</b>	M <b>0</b>	D <b>9</b>	Y <b>1</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>A. Robert Hutchins</b>					Registration Number, if PAC		
Street Address <b>411 E. Town Street</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43215</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>200.00</b>	
Full Name of Contributor <b>Eric D. Carmichael</b>					Registration Number, if PAC		
Street Address <b>1299 Brookwood Place</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43209</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>200.00</b>	
Full Name of Contributor <b>McCullough Williams</b>					Registration Number, if PAC		
Street Address <b>6171 Lynanne Ct</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43231</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>200.00</b>	

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Page Total \$ 875.00

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee To Elect Judge Maynard</b>									
Full Name of Contributor <b>Todd G. Wilson</b>						Registration Number, if PAC			
Street Address <b>900 Fairway Blvd</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Whitehall</b>	State <b>O   H</b>	Zip Code <b>43213</b>	M <b>0</b>	D <b>9</b>	Y <b>2   2</b>	Amount <b>100.00</b>			
Full Name of Contributor <b>Fon R. Holloway</b>						Registration Number, if PAC			
Street Address <b>1087 Caroway Blvd</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Gahanna</b>	State <b>O   H</b>	Zip Code <b>43230-6215</b>	M <b>0</b>	D <b>9</b>	Y <b>24   3</b>	Amount <b>50.00</b>			
Full Name of Contributor <b>Christopher L. Washington</b>						Registration Number, if PAC			
Street Address <b>7975 Windrift Place</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Reynoldsburg</b>	State <b>O   H</b>	Zip Code <b>43068</b>	M <b>0</b>	D <b>9</b>	Y <b>2   4</b>	Amount <b>25.00</b>			
Full Name of Contributor <b>Anthony M. Roseboro</b>						Registration Number, if PAC			
Street Address <b>1143 Summer Hill Circle</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Gahanna</b>	State <b>O   H</b>	Zip Code <b>43230</b>	M <b>0</b>	D <b>9</b>	Y <b>2   4</b>	Amount <b>25.00</b>			
Full Name of Contributor <b>Michael M. Johnson</b>						Registration Number, if PAC			
Street Address <b>4027 Lyon Drive</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43230</b>	M <b>1</b>	D <b>0</b>	Y <b>0   6</b>	Amount <b>250.00</b>			
Full Name of Contributor <b>Samuel A. Peppers, III</b>						Registration Number, if PAC			
Street Address <b>3667 Pegg Avenue</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43214</b>	M <b>1</b>	D <b>0</b>	Y <b>0   5</b>	Amount <b>25.00</b>			
Full Name of Contributor <b>Nick Soulas</b>						Registration Number, if PAC			
Street Address <b>3923 E. Broad Street</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43213</b>	M <b>1</b>	D <b>0</b>	Y <b>0   5</b>	Amount <b>100.00</b>			
Full Name of Contributor <b>M. H. Gertner</b>						Registration Number, if PAC			
Street Address <b>175 S. Third Street #555</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	M <b>1</b>	D <b>0</b>	Y <b>0   6</b>	Amount <b>150.00</b>			

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 725.00

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee To Elect Judge Maynard</b>									
Full Name of Contributor <b>Central Ohio Republican Club</b>						Registration Number, if PAC <b>#OH 11-73</b>			
Street Address <b>2706 Dayton Avenue</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43202</b>	M <b>1</b>	D <b>0</b>	Y <b>0</b>	Amount <b>250.00</b>		
Full Name of Contributor <b>Dwayne B. Zimmerman</b>						Registration Number, if PAC			
Street Address <b>1069 E. 25th Avenue</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43211</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>27.00</b>		
Full Name of Contributor <b>Yvette McGee Brown</b>						Registration Number, if PAC			
Street Address <b>643 Crossing Creek S.</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Gahanna</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43230</b>	M <b>1</b>	D <b>0</b>	Y <b>0</b>	Amount <b>50.00</b>		
Full Name of Contributor <b>Audrey K. Redmon</b>						Registration Number, if PAC			
Street Address <b>4987 Sharon Hill Drive</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43235</b>	M <b>1</b>	D <b>0</b>	Y <b>0</b>	Amount <b>100.00</b>		
Full Name of Contributor <b>Vorys Sater Seymour and Pease LLP</b>						Registration Number, if PAC <b>#OH 108</b>			
Street Address <b>52 E. Gay Street - PO Box 1008</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43215-1008</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>1,200.00</b>		
Full Name of Contributor <b>Michael P. Mahoney</b>						Registration Number, if PAC			
Street Address <b>10 W. Broad Street Ste 2100</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43215-3422</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>300.00</b>		
Full Name of Contributor <b>John E. Green</b>						Registration Number, if PAC			
Street Address <b>375 S. High Street</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43213</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>300.00</b>		
Full Name of Contributor <b>Joseph T. Ayers</b>						Registration Number, if PAC			
Street Address <b>9094 Firstgate Drive</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Reynoldsburg</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43068</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>200.00</b>		

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 2,427.00

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee To Elect Judge Maynard</b>													
Full Name of Contributor <b>Vicki H. Potts</b>						Registration Number, if PAC							
Street Address <b>5770 Middleby Drive</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>						
City <b>Hilliard</b>		State <b>O   H</b>		Zip Code <b>43026</b>		M <b>1   0</b>		D <b>1   3</b>		Y <b>0   5</b>		Amount <b>150.00</b>	
Full Name of Contributor <b>Carrie E. Glaeden</b>						Registration Number, if PAC							
Street Address <b>5162 Highland Meadows Drive</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>						
City <b>Hilliard</b>		State <b>O   H</b>		Zip Code <b>43226</b>		M <b>1   0</b>		D <b>1   6</b>		Y <b>0   5</b>		Amount <b>100.00</b>	
Full Name of Contributor <b>Total Contribution at Social/Fundraising Event</b>						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)						
City		State		Zip Code		M <b>0   3</b>		D <b>2   4</b>		Y <b>0   5</b>		Amount <b>4,050.00</b>	
Full Name of Contributor <b>Total Contribution at Social/Fundraising Event</b>						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)						
City		State		Zip Code		M <b>0   3</b>		D <b>2   9</b>		Y <b>0   5</b>		Amount <b>2,425.00</b>	
Full Name of Contributor <b>Total Contribution at Social/Fundraising Event</b>						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)						
City		State		Zip Code		M <b>0   8</b>		D <b>0   9</b>		Y <b>0   5</b>		Amount <b>355.00</b>	
Full Name of Contributor <b>Total Contribution at Social/Fundraising Event</b>						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)						
City		State		Zip Code		M <b>0   8</b>		D <b>1   2</b>		Y <b>0   5</b>		Amount <b>1,085.00</b>	
Full Name of Contributor <b>Total Contribution at Social/Fundraising Event</b>						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)						
City		State		Zip Code		M <b>0   8</b>		D <b>1   7</b>		Y <b>0   5</b>		Amount <b>2,800.00</b>	
Full Name of Contributor <b>Total Contribution at Social/Fundraising Event</b>						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)						
City		State		Zip Code		M <b>0   8</b>		D <b>2   7</b>		Y <b>0   5</b>		Amount <b>450.00</b>	

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Page Total \$ 11,415.00

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee To Elect Judge Maynard</b>									
Full Name of Contributor <b>Total Contribution at Social/Fundraising Event</b>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
			0	9	0	8	0	5	385.00
Full Name of Contributor <b>Total Contribution at Social/Fundraising Event</b>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
			0	9	0	9	0	5	1,160.00
Full Name of Contributor <b>Total Contribution at Social/Fundraising Event</b>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
			0	9	2	2	0	5	635.00
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
									0.00
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
									0.00
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
									0.00
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
									0.00
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
									0.00

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Page Total \$ 2,180.00